

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3135AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2008
NAME OF PROVIDER OR SUPPLIER ST PATRICK REST HOME 2		STREET ADDRESS, CITY, STATE, ZIP CODE 4847 NEW YORK STREET LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey and complaint investigation survey conducted at your facility on 11/04/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 total beds.</p> <p>The facility was licensed as a ten (10) beds, Residential Facility for Groups which provides care to elderly or disabled persons, and/or persons with mental illnesses, Category I residents.</p> <p>The census at the time of the survey was 10 residents.</p> <p>Ten (10) of ten (10) resident files were reviewed.</p> <p>Three (3) of three (3) employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 067	Continued From page 1	Y 067			
Y 067 SS=C	<p>449.196(1)(c) Qualifications of Caregiver- Read regulation</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/4/08, the facility failed to ensure that 2 of 3 caregivers read the provisions of NAC 449.156 to 449.2766 and signed a statement that he has read those regulations (#1 #3).</p> <p>Findings:</p> <p>Review of Employee #1's (date of hire 6/2004) and Employee #3's (date of hire 3/24/05) files revealed they lacked a signed statement indicating they had read NAC 449.156 to 449.2766.</p> <p>Severity: 1 Scope: 3</p>	Y 067			
Y 172 SS=E	<p>449.209(2) Health and Sanitation-Outside garbage</p> <p>NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents</p>	Y 172			

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Y 172	Continued From page 2 are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide covered garbage containers outside the facility. Findings include: On 11/04/08 at 1:20 PM, 4 garbage cans were observed in the front yard without lids. Interview On 11/04/08 at 1:21 PM, Employee #1 reported he didn't know where the lids were for the garbage cans. Severity: 2 Scope: 3	Y 172		
Y 173 SS=E	449.209(3) Health and Sanitation-Inside garbage NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.	Y 173		

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Y 173	Continued From page 3 This Regulation is not met as evidenced by: Based on observation, the facility failed to provide covered garbage containers in the kitchen. Findings include: On 11/04/08 at 2:20 PM, 1 garbage can used for food waste was observed on the floor next to the dishwasher in the kitchen, without a lid. Severity: 2 Scope: 3	Y 173		
Y 177 SS=F	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 11/4/08, the facility's heating air conditioning (HVAC) ceiling return grills had accumulations of dirt. Findings include: The ceiling HVAC return grill compartments in the central hallway and living area had large accumulations of dust and dirt. Severity: 2 Scope: 3	Y 177		

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Y 179	Continued From page 4	Y 179			
Y 179 SS=D	<p>449.209(6) Health and Sanitation-Screens</p> <p>NAC 449.209</p> <p>6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.</p> <p>This Regulation is not met as evidenced by: Based on observation on 11/04/08, the facility failed to have a screen to prevent the entry of insects on 1 of 7 windows.</p> <p>Findings include:</p> <p>During a facility tour on 11/04/08 at 1:15 PM, the window in Bedroom #5 was observed without a screen to prevent insects from entering the facility.</p> <p>Severity: 2 Scope: 1</p>	Y 179			
Y 899 SS=C	<p>449.2744(2) Medication Administration</p> <p>NAC 449.2744</p> <p>2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication.</p>	Y 899			

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Y 899	Continued From page 5 This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure that a log was kept of caregivers assigned to administer medications that indicated which caregivers were responsible for assisting in the administration of medication to a resident. Findings include: Interview: Employee #1 indicated that initials on the medication administration record (MAR) was Employee #1's but the employee could not produce a log to show a copy of his signature and initials. Record review: Initials were on the MAR of each resident's files but there was no indication of which initials belonged to which employee. Severity: 1 Scope: 3	Y 899			
YA870 SS=F	449.2742(1)(a-c) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the	YA870			

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YA870	<p>Continued From page 6</p> <p>administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and</p> <p>(2) Provides a written report of that review to the administrator of the facility;</p> <p>(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and</p> <p>(c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/04/08, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 7 of 10 residents residing in the facility for longer than six months.</p> <p>Findings include:</p> <p>Resident #1 admitted to the facility on 4/09/02. Two medication profile reviews available in the record dated 4/08/07 and 10/15/08.</p> <p>Resident #2 admitted to the facility on 5/12/04.</p>	YA870		

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YA870	Continued From page 7 One medication profile review available in the record dated 10/18/08. Resident #3 admitted to the facility on 7/01/05. One medication profile review available in the record dated 10/18/08. Resident #4 admitted to the facility on 9/26/06. Two medication profile reviews available in the record dated 3/20/07 and 10/10/08. Resident #5 admitted to the facility on 10/25/06. Two medication profile reviews available in the record dated 3/20/07 and 10/15/08. Resident #6 admitted to the facility on 2/08/07. Two medication profile reviews available in the record dated 3/16/07 and 10/17/08. Resident #7 admitted to the facility on 3/10/07. Two medication profile reviews available in the record dated 4/23/07 and 10/10/08. Severity: 2 Scope: 3	YA870		
YA890 SS=C	449.2744(1)(a) Medication/Receipt Log NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery;	YA890		

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YA890	Continued From page 8 (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to maintain a log for each medication received by the facility for use by the residents. Findings include: Interview: Employee #1 indicated that there was no log or information kept regarding the medications that were received for each resident. Observation: Employee #1 was unable to produce a log book for medications that were received for use by the residents. Severity: 1 Scope: 3	YA890		
YA895 SS=C	449.2744(1)(b) Medication/MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include:	YA895		

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YA895	<p>Continued From page 9</p> <p>(1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure the medication administration record (MAR) was accurate for 10 of 10 residents.</p> <p>Findings include:</p> <p>Record Review:</p> <p>The MAR of 10 of 10 residents failed to show which medications were given for the morning and afternoon doses on 11/04/2008.</p> <p>Interview:</p> <p>Employee #1 indicated that he initials the MAR for each resident at one time in the evening after giving the night time medications to the resident.</p> <p>Severity: 1 Scope: 3</p>	YA895			
YA930 SS=F	449.2749(1)(a-j) Resident File	YA930			

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YA930	<p>Continued From page 10</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(a) The full name, address, date of birth and social security number of the resident.</p> <p>(b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him.</p> <p>(c) A statement of the resident's allergies, if any, and any special diet or medication he requires.</p> <p>(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:</p> <p>(1) A description of any medical conditions which require the performance of medical services;</p> <p>(2) The method in which those services must be performed; and</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>(f) The types and amounts of protective supervision and personal services needed by the resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p>	YA930			

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YA930	<p>Continued From page 11</p> <p>(1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i) The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to complete initial and/or annual physicals and activities of daily living (ADL) assessments, and TB screenings for 8 of 10 residents. (#1; #2; #3; #4; #5; #6; #7 & #9)</p> <p>Findings include:</p> <p>Record review:</p> <p>Resident #1 - admission date 4/09/02, last physical 1/27/06; no documentation of an annual ADL assessment in file.</p> <p>Resident #2 - admission date 5/12/04, only physical in file dated 4/14/08; no documentation of an initial or annual ADL assessment in file.</p> <p>Resident #3 - admission date 7/01/05, only physical in file dated 5/30/08; no documentation of an initial or annual ADL assessment in file.</p>	YA930			

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YA930	<p>Continued From page 12</p> <p>Resident #4 - admission date 9/26/06, no annual physical; no documentation of an initial or annual ADL assessments in file.</p> <p>Resident #5 - admission date 10/25/06, no documentation of an initial or annual ADL assessment in file; no 2 -step TB screening results in file.</p> <p>Resident #6 - admission date 2/08/07, no documentation of an initial or annual physical in file; no documentation of an annual ADL assessment in file.</p> <p>Resident #7 - admission date 3/10/07, no documentation of an initial or annual physical in file; no documentation of an initial or annual ADL assessment in file.</p> <p>Resident #9 - admission date 7/16/08, no documentation of an initial ADL assessment in file.</p> <p>Repeat deficiencies from survey dated 8/23/07.</p> <p>Severity: 2 Scope: 3</p>	YA930		

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